



# City of Jacksonville Beach

## Human Resources

11 North 3<sup>rd</sup> Street • Jacksonville Beach, FL 32250

[www.COJB.jobs](http://www.COJB.jobs) [personnel@jaxbchfl.net](mailto:personnel@jaxbchfl.net) 904-247-6263

\*Equal Opportunity Employer, Veterans Preference, Drug Free Workplace\*

### Firefighter Employment Application Requirements

EDUCATION:	High School Diploma or GED, Certified as a Florida State Firefighter, Certified as EMT in the State of Florida. <b><u>Copy of these certificates must be attached to application.</u></b>
CITIZENSHIP:	Must be a United States Citizen (if Naturalized, proof must be furnished at time of application) <b><u>Copy of birth certificate must be attached to this application</u></b>
MILITARY:	Military service is <b>not</b> required, however applicants with prior military service must furnish a full copy of final DD-214 at time of application, regardless of Veterans' Preference claim.
PHYSICAL:	If selected to go further in the hiring process, applicant must satisfactorily pass a physical examination administered by a Fire Department Physician and the Fire Department.
CHARACTER:	Applicant must undergo a thorough background investigation with reference to credit, sobriety, trustworthiness, community standing and loyalty; must be of good moral character and must not have been convicted of any felony, serious misdemeanor or crime involving moral turpitude. Fingerprints will be checked through the FBI and filed with the Florida Department of Law Enforcement (FDLE), a polygraph examination may be part of the screening process.
NON-TOBACCO USE:	Applicants are required to sign an affidavit certifying that they have not used Tobacco products for one year prior to application and will remain a non-user of Tobacco products as a condition of employment and/or continued employment with the City of Jacksonville Beach Fire Department.
SKILLS/ABILITY:	Firefighter/Medical Skills Ability test scores from the First Coast Technical College must be submitted with application. Test scores/letter from FCTC is to be dated no more than 12 months (365 days) prior to application date. Accepted minimum passing scores are <ul style="list-style-type: none"> <li>•75% on Written</li> <li>•80% on Medical</li> <li>•Pass on Abilities</li> </ul> <p>Contact FCTC at 904-547-3540 for information on testing.</p>

### Firefighter Application Check Off List

Please be sure to attach clear copies of the following to your application:

- Florida State Firefighter Certificate
- EMT, Florida State—National Certification **does not substitute** for FL State
- Firefighter/Medical Skills Ability test Scores from First Coast Technical
- Birth Certificate
- Drivers License
- DD-214 (if applicable)
- Social Security Card
- Notarized Non-Smoking affidavit
- High School Diploma/GED
- College Diploma

We can notarize in our offices. Should you have any questions or need assistance please do not hesitate to contact Amy Smith in Human Resources at 904-247-6263. Applications are accepted by hand or mail only, please mail or deliver to Human Resources at the address listed above.

## Fire Department Disqualifiers

The following are automatic disqualifiers for any position in the Fire Department:

- Any driver's license suspension in the last 5 years
- Any DUI, DWI arrest and/or conviction the last 5 years
- Refusal to submit to chemical test for DUI in the last 5 years.
- Any reckless driving or driving while impaired ticket in the last 5 years
- A record of 3 or more incidents resulting in moving violations in the last 3 years.
- Any conviction, guilty plea, no contest plea or nolo contendere for a felony arrest
- Any misdemeanor conviction, guilty plea, no contest plea or nolo contendere plea for a crime of moral turpitude.

## Appearance/Safety Guidelines

In order to maintain safety of personnel while responding to emergencies and to maintain a level of professionalism to the public, the following guidelines will be followed by all personnel. Staff personnel not involved in emergency response will maintain an appropriate appearance standard as established by the Fire Chief and the City of Jacksonville Beach. Appearance/Safety guidelines concerning grooming/appearance standards are established for personal safety as well as to promote a professional image to the public. Other information not covered in this section will follow the City's Personnel Rules on "Conduct and Code of Ethics".

1. Hair shall be kept neat, clean, and well trimmed.
2. Hair styles that preclude the proper sealing of the face mask or interfere with donning or the wearing of bunker gear, helmets and self contained breathing apparatus (SCBA) are not allowed.
3. In all circumstances, it is the employee's responsibility to assure that no hair is exposed during firefighting operations.
4. Mustaches and sideburns should be short and neatly trimmed and may not extend below an area that would effect or interfere with SCBA operations.
5. Goatees and beards will not be allowed due to the risk associated with the use of SCBA in toxic and superheated atmospheres. The "rule is" it should not impede in the face-piece seal of the mask.
6. White on duty, members should not wear any jewelry that may cause injury from heat, a hindrance in operations, or that may create a hazard by becoming tangled with protective clothing.
7. Body piercings and/or associated jewelry should not be worn while on duty.
8. It is recommended for members to "not" have tattoos in a visible area. Tattoos/body ornamentations that are visible and deemed inappropriate, excessive, offensive, immoral, or present an unprofessional appearance, as determined by the Fire Chief, shall be covered while on duty or representing the City. Inappropriate tattoos/body ornamentations in conflict with the standards/values of the City include, sexual material, intolerance or discrimination against race, religion, gender or national origin, or depiction of association with groups that advocate hate, intolerance, or discrimination. Applicable coverage of tattoos/body ornamentations shall be in accordance with the uniform-of-the day apparel or approved coverings by the Fire Chief.

Failure to comply with these Appearance/Safety guidelines may result in disciplinary action or applicant disqualification.



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\*Equal Opportunity Employer, Veterans Preference, Drug Free Workplace\*

### Firefighter Employment Application

The City of Jacksonville Beach is an equal opportunity employer, maintains a drug-free workplace and complies with Affirmative action and ADA guidelines. In order to receive consideration for employment with the City the appropriate application must be completed in full, signed, dated and received in Human Resources prior to any deadline date/time. Please type or print in a legible manner. Answer all questions/sections, indicating 'none' where applicable. Incomplete applications will not be processed and will be returned; information on resumes will not be accepted in place of a full & complete response to each area on this application, give full dates (month/year), phone numbers and addresses. Attach all required documents with application. Applicants are cautioned to answer every question truthfully, willful omission, falsification, inaccurate information and/or misrepresentation to any question or answer will result in disqualification or rejection of the application and disqualification from consideration in the future for any position with the City or, if employed may result in termination of employment. Applications are accepted by hand or mail only, please mail or deliver to Human Resources at address above. Attach additional pages as needed. Altered applications will not be accepted. Under Florida Law, employment applications are open for public inspection.

#### Personal Information

First Name	Full Middle Name	Last Name		
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Street Address	City	State	Zip Code
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Phone Number (best contact)	Phone Number (secondary)	E-mail address
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Last 6 digits of Social Security number	Drivers License Number	How long have you resided at your current address? _____ Years _____ Months
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If you have resided at your current address for less than ten years list below your past addresses in chronological order:

Address	City	State	Zip	From:	To:
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Address	City	State	Zip	From:	To:
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Address	City	State	Zip	From:	To:
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Can you perform the essential functions of the position for which you are applying with reasonable accommodations?  Yes  No  
List any accommodations needed:

Have you been previously employed by the City of Jacksonville Beach?  Yes  No  
If yes, please provide position title and dates employed:

Do you have any relatives employed by the City of Jacksonville Beach?  Yes  No  
If yes, please provide name(s) and relationship:

Are there any hours or days you are unable to work?  Yes  No  
If yes, please list them:

Are you eligible to work in the United States?  Yes  No verification will be required prior to employment  
Are you 18 years of age or older?  Yes  No  
If no, list your date of birth: \_\_\_\_\_

## Training and Education

Depending on position sought, you may be required to provide a copy of your high school and/or college transcript/degree and/or professional registration. If the position requires certification please submit a copy along with completed application.

High School Name	City	State	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, what is the highest grade completed (or GED)?
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Colleges attended	Location (City/State)	Major	Type of Degree Obtained or None
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Job related licenses or certificates	Date issued	Expiration date	Licensing or certification agency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Military Information

Have you ever served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No if no skip to next section, if yes attach DD-214	Was any formal disciplinary action taken against you while in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you claiming Veterans Preference? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Under Florida law certain individuals may be eligible for "Veterans' Preference" for employment purposes. Please read the attached VETERANS PREFERENCE INFORMATION SHEET to determine qualification for this preference. In order to be considered for this preference you must submit a full copy of your DD-214 substantiating your claim, this form MUST BE FURNISHED AT TIME OF APPLICATION TO BE CONSIDERED. Form must clearly show enlistment date, discharge date, separation and re-entry code.

## Personal Information

**The following questions reference all crimes including DUI, DWI, BUI, BWI  
Inaccurate information here will result in disqualification**

- Yes  No Have you ever been convicted of a crime?
- Yes  No Have you ever pled guilty to a crime?
- Yes  No Have you ever pled no contest of *nolo contendere* to a crime
- Yes  No Have you ever been charged with a crime and placed on court ordered probation?
- Yes  No Have you ever had adjudication withheld relating to a crime?
- Yes  No Have you ever entered a pre-trial intervention program?
- Yes  No Do you have any criminal charges now pending?
- Yes  No Have you ever been a defendant for unlawful employment practice (e.g. sexual or racial harassment)
- Yes  No Have you ever been a defendant in a civil action for intentional tort(s) (e.g. assault, battery, intentional infliction of emotional distress)?
- Yes  No Have you been ticketed due to a traffic accident, including adjudication withheld, in the last five (5) years?

## Personal Information

List below ALL Fire Departments you have made application to in the past two (2) years

Department Name	Phone	Recruiter/Contact Person	Date of Application
Status of application		Reason for status	
Department Name	Phone	Recruiter/Contact Person	Date of Application
Status of application		Reason for status	
Department Name	Phone	Recruiter/Contact Person	Date of Application
Status of application		Reason for status	
Department Name	Phone	Recruiter/Contact Person	Date of Application
Status of application		Reason for status	

## Personal References

List five reliable persons **other than relatives**, who you know well enough to furnish personal information regarding your character, morals etc...

Contact Name	Contact Phone Number:	Occupation	Years Known
Address		City	State Zip
Contact Name	Contact Phone Number:	Occupation	Years Known
Address		City	State Zip
Contact Name	Contact Phone Number:	Occupation	Years Known
Address		City	State Zip
Contact Name	Contact Phone Number:	Occupation	Years Known
Address		City	State Zip
Contact Name	Contact Phone Number:	Occupation	Years Known
Address		City	State Zip

## Employment History

Start with present of most recent employer, include all full-time and part-time employment. Give complete name and address of all employers, including military employment, if the company is no longer in business state this. Dates must include full month and year. A resume may be attached as a supplement; however you must complete all information requested on this application form in order to be considered. **Include a minimum of 5 years of employment.**

Employer Name		Phone		Fax	
Address		City		State	Zip
Position held:	Employed From:	Employed to:	Supervisor Name:		Rate of Pay:
Describe main duties					
<hr/> <hr/>					
Reason for leaving:					
Employer Name		Phone		Fax	
Address		City		State	Zip
Position held:	Employed From:	Employed to:	Supervisor Name:		Rate of Pay:
Describe main duties					
<hr/> <hr/>					
Reason for leaving:					
Employer Name		Phone		Fax	
Address		City		State	Zip
Position held:	Employed From:	Employed to:	Supervisor Name:		Rate of Pay:
Describe main duties					
<hr/> <hr/>					
Reason for leaving:					
Explain all gaps in employment history 30 days or longer, supply dates and reason:					
<hr/> <hr/>					

## Employment History, continued

Start with present of most recent employer, include all full-time and part-time employment. Give complete name and address of all employers, including military employment, if the company is no longer in business state this. Dates must include full month and year. A resume may be attached as a supplement; however you must complete all information requested on this application form in order to be considered. **Include a minimum of 5 years of employment.**

Employer Name	Phone	Fax
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Address	City	State	Zip
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Position held:	Employed From:	Employed to:	Supervisor Name:	Rate of Pay:
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Describe main duties

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Reason for leaving:

Employer Name	Phone	Fax
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Address	City	State	Zip
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Position held:	Employed From:	Employed to:	Supervisor Name:	Rate of Pay:
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Describe main duties

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Reason for leaving:

Employer Name	Phone	Fax
---------------	-------	-----

Address	City	State	Zip
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Position held:	Employed From:	Employed to:	Supervisor Name:	Rate of Pay:
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Describe main duties

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Reason for leaving:

Explain all gaps in employment history 30 days or longer, supply dates and reason:

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**Personal Information**

Why are you interested in working for the City of Jacksonville Beach Fire Department? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Processing Information**

**Please note incomplete applications will not be processed and will be returned; information on resumes will not be accepted in place of a full and complete application. Applications are accepted by hand or mail only. Applications of municipalities are considered public documents according to Florida Statutes and are open to public inspection upon request.**

I hereby certify that all information given on this applicant is true and correct to the best of my knowledge and I understand that any false information given on this application shall constitute cause to withdraw the application from consideration for any position with the City of Jacksonville Beach or termination of employment with the City of Jacksonville Beach. I release the City of Jacksonville Beach and any current or past employers and other individuals contacted from any liability for release of information regarding my employment. Inquiry as to current or past employment or on the job performance may be conducted. May we contact all of your listed employers?  Yes  No If no please fill out below

Do not contact:

Employer Name	Reason
Employer Name	Reason
Employer Name	Reason
Employer Name	Reason
Employer Name	Reason

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Record Check Authorization

Name : \_\_\_\_\_  
Please print full name

I HEREBY AUTHORIZE that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in my dismissal.

I HEREBY AUTHORIZE the City to investigate all statements contained in this application, to interview the references and previous employers listed in this application, and to obtain a report from a consumer reporting agency to be used for employment purposes in accordance with Fair Credit Reporting Act, to conduct a record check on my background to include but not be limited to the following: criminal and driving check, employment and performance record and education records. I authorize the references, previous employers, any school or other educational institution, credit bureau, lending institution, consumer reporting agency or public agency listed to give the City all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and I HEREBY RELEASE all such parties from any liability which may allegedly arise from furnishing such information to the City, including, but not limited to, any liability for defamation or invasion of privacy.

If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or City medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a probationary period. I further understand that my employment and compensation can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my probationary period, at the option of either the City or myself. I understand that no supervisor or other representative of the City other than the City Manager has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I further authorize on going procurement of the above mentioned reports at any time during my employment (contact).

The City of Jacksonville Beach collects your Social Security number for the following purposes: Classification of accounts; identification and verification; credit worthiness; billing and payments; data collection, reconciliation, tracking, benefit processing, tax reporting and background checks for employment purposes. Social Security numbers are also used as a unique numeric identifier and may be used for search purposes.

I FULLY UNDERSTAND AND VOLUNTARILY AGREE WITH THE ABOVE INFORMATION.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# City of Jacksonville Beach Tobacco Affidavit



I, \_\_\_\_\_ do hereby affirm that I have not been a user of tobacco products for at least one (1) year immediately preceding my application for employment as a Firefighter with the Jacksonville Beach Fire Department. I also affirm that if I am hired by the City of Jacksonville Beach, I will maintain my non-use of tobacco products for the duration of my employment.

Under the penalties of perjury and/or discharge from employment, I declare that I have read the foregoing Affidavit and that the facts stated in it are true

(Must be signed in front of Notary)

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

STATE OF: \_\_\_\_\_ COUNTY OF: \_\_\_\_\_ Before me personally appeared \_\_\_\_\_

who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_. My commission Expires on \_\_\_\_\_, 20\_\_.

Personally known -or-  Produced identification, type of identification produced: \_\_\_\_\_

Notary Signature: \_\_\_\_\_

Notary Stamp/Seal:

## Social Site Information

Do you currently have a profile/account with any social website?  Yes  No If yes, please provide the requested information

**Twitter** \_\_\_\_\_ (email address)

**Facebook** \_\_\_\_\_ (email address)

**MySpace** \_\_\_\_\_ (email address)

**LinkedIn** \_\_\_\_\_ (email address)

**Other** \_\_\_\_\_ (site name) \_\_\_\_\_ (email address)

## Referral Source

Please let us know how you found out about this opening!

The Beaches Leader, Newspaper

The Beaches Leader, Website

COJB.jobs/City of Jacksonville Beach website

Walk In

Email

Job Posting, location: \_\_\_\_\_

Florida Times Union, Newspaper

Florida Times Union, Website

School Posting, name of school \_\_\_\_\_

Job Fair, location \_\_\_\_\_

Internet Site, name of site: \_\_\_\_\_

Other: \_\_\_\_\_

City of Jacksonville Beach employee, employee name: \_\_\_\_\_

## Voluntary Information

The City of Jacksonville Beach is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by federal, state or local law. The information below will be used only in the compilation of data for affirmative action reporting.

Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment, if hired. This form will be detached and not processed/provided with the application form. It would be greatly appreciated if you would provide the following information:

### Ethnic Background:

White

Black

Hispanic

Asian/Pacific Islander

American Indian/Alaskan Native

Other, please specify \_\_\_\_\_

**Sex:**  Male  Female

**Date of birth:** \_\_\_\_\_

## Veterans' Preference Information

The City of Jacksonville Beach, in accordance with Chapter 295 of the Florida Statutes dealing with Veteran's Preference, provides preference in employment and retention to those veterans and spouses of veterans who fall in the categories as identified below: To receive preference, a veteran must have been discharged or released from active duty in the Armed Forces under honorable conditions (i.e., with an honorable or general discharge). As defined in 5 U.S.C. 2101(2), "Armed Forces" means the Army, Navy, Air Force, Marine Corps and Coast Guard. The veteran must also be eligible under one of the preference categories below:

Honorably discharged disabled Veteran who has a service-connected, compensable disability;

Honorably discharged Veteran who has received ANY armed forces Expeditionary Medal to include The Global War on Terrorism Expeditionary Medal

The spouse of a totally disabled Veteran, who because of this disability cannot qualify for employment;

The spouse of any person missing in action, captured in the line of duty or forcibly detained;

A Veteran of any way who served on active duty during a wartime era; and who was discharged under honorable conditions. A "wartime veteran" is defined by Florida Statutes as any veteran who served at least one day during a wartime period. Wartime periods are outlined as follows:

- **World War II:** December 7, 1941 to December 31, 1946
- **Korean Conflict:** June 27, 1950 to January 31, 1955
- **Vietnam Era:** August 5, 1964 to May 7, 1975
- **Persian Gulf War:** August 2, 1990, to January 2, 1992
- **Operation Enduring Freedom** - October 7, 2001 to date to be determined
- **Operation Iraqi Freedom** - March 19, 2003 to date to be determined
- The un-remarried widow or widower of a Veteran who died of a service connected disability.

Military retirees at the rank of major, lieutenant commander, or higher are not eligible for preference in appointment unless they are disabled veterans. (This does not apply to Reservists who will not begin drawing military retired pay until age 60.)

**Preference in employment and retention may be given only to eligible persons who are described in the section(s) above and who are residents of this state.**

If you qualify for the Veteran's Preference, the City of Jacksonville Beach will give you special consideration during the employment selection process. The City of Jacksonville Beach shall give preference to and shall hire a person entitled to Veteran's Preference ahead of other equally qualified applicants.

Should the position for which you are applying be filled by someone who does not qualify for Veteran's Preference and should you feel that proper consideration of the Veteran's Preference law has not been provided to you by the City of Jacksonville Beach or that the City of Jacksonville Beach has not complied with the Veteran's Preference rules, please notify the City of Jacksonville Beach, Personnel Department (904) 247-6263

You also have the right to initiate an investigation by the Florida Division of Veteran's Affairs. You may do so by notifying the, Florida Department of Veterans' Affairs (FDVA) 11351 Ulmerton Road, Suite 311-K Largo, FL 33778-1630 within 21 calendar days from the date you received notice that you were not selected for the position.